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PATENT NUMBER and  
ISSUE DATE

U.S. UTILITY Patent Application

Luchesi

|                    |            |             |          |       |     |          |                |          |  |
|--------------------|------------|-------------|----------|-------|-----|----------|----------------|----------|--|
| APPLICATION NUMBER | 09/576,422 | FILING DATE | 07/09/00 | CLASS | 604 | SUBCLASS | GROUP ART UNIT | EXAMINER |  |
|                    |            |             |          |       |     |          | 3763           | Thomas   |  |

|                             |                           |              |                        |                                   |
|-----------------------------|---------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>09/576,422 | FILING DATE<br>05/22/2000 | CLASS<br>604 | GROUP ART UNIT<br>3763 | ATTORNEY<br>DOCKET NO.<br>1889-33 |
|                             | RULE                      |              |                        |                                   |

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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\*\* 08/01/2000

|                                 |                                                                                                       |                                    |                        |                       |                            |
|---------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no                                              | STATE OR<br>COUNTRY<br>SWITZERLAND | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>26 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                        |                       |                            |
| Verified and Acknowledged       | Examiner's Signature<br><br>Initials                                                                  |                                    |                        |                       |                            |

ADDRESS

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TITLE

Automatic liquid injection system and method

|                            |  |                                                                                                                                                                                                                                                                                                  |  |  |
|----------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NOTICE OF ALLOWANCE MAILED |  | CLAIMS ALLOWED                                                                                                                                                                                                                                                                                   |  |  |
|                            |  |                                                                                                                                                                                                                                                                                                  |  |  |
|                            |  |                                                                                                                                                                                                                                                                                                  |  |  |
| Assistant Examiner         |  | Total Claims<br>Print Claim for O.G.                                                                                                                                                                                                                                                             |  |  |
|                            |  |                                                                                                                                                                                                                                                                                                  |  |  |
|                            |  | DRAWING                                                                                                                                                                                                                                                                                          |  |  |
|                            |  | Sheets Drwg. Figs.Drwg. Print Fig.                                                                                                                                                                                                                                                               |  |  |
| Primary Examiner           |  |                                                                                                                                                                                                                                                                                                  |  |  |
|                            |  |                                                                                                                                                                                                                                                                                                  |  |  |
| PREPARED FOR ISSUE         |  | Application Examiner                                                                                                                                                                                                                                                                             |  |  |
|                            |  |                                                                                                                                                                                                                                                                                                  |  |  |
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